

104539560

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1	1				
3		2				
4		2				
5		2				
6		0				
7			1			
8				1		
9				2		
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24				1		
25				2		
26				1		
27				1		
28						
29						
30						
31						
32						
33						
34						
35						
36				1		
37				1		
38				1		
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.		←	148	←		←
TOTAL CLAIMS			159			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				0		
52						
53						
54						
55						
56			1			
57			1			
58			1			
59			1			
60			1			
61			1			
62				1		
63				1		
64				1	11	
65				1		
66			1	1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						